

EAST SUFFOLK COUNTY EDUCATION
COMMITTEE




ANNUAL REPORT
OF THE
Principal School Medical Officer

1964

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CONTENTS

				PAGE	
				County Area	Lowestoft Excepted District
Introduction	3, 4	32
Boarded out children	...	...	...	23	-
Co-operation: -					
(a) Allied Health Services	...	...	...	7	32
(b) Voluntary Bodies	...	...	...	21	-
Dental Inspection and Treatment	...	...	...	3, 13, 14, 29	40
Employment out of school hours	...	...	...	23	-
Handicapped Pupils	...	...	...	21, 22, 23, 30, 31	32, 41, 42, 43
Head Infestation	...	...	...	9, 25	32, 35
Hearing: -					
(a) Tests	...	...	...	10, 11, 12	35
(b) Aids	...	...	...	27	38
Hygiene and Sanitation	...	...	...	7, 8	-
Immunisation and Vaccination	...	...	...	17, 28	39
Infectious and Contagious Diseases	...	...	...	17	-
Medical Inspection: -					
(a) Number seen	...	...	...	3, 8, 24, 25	33, 34, 35
(b) Defects	...	...	...	4, 9, 10, 26, 27	36, 37
Medical Treatment: -					
(a) Child Guidance	...	...	...	14, 15, 28	32, 39
(b) Eyes	...	...	...	10, 13, 26, 27	37
(c) Minor ailments and skin diseases	...	...	...	13, 28	32, 38
(d) Nose and Throat	...	...	...	13, 27	32, 38
(e) Orthopaedic and Posture	...	...	...	28	38
Milk in Schools	...	...	...	20, 21	-
Nursery Schools	...	...	...	23	-
Physical Education	...	...	...	18, 19	-
Remedial Exercises	...	...	...	18, 19	-
School Clinics	...	...	...	6, 7	7
School Closures	...	...	...	17	-
School Meals	...	...	...	19, 20	-
School Nurses Visits	...	...	...	13	-
Speech Therapy	3, 15, 16, 17, 28	39
Staff	3, 4, 5, 6	32, 33
Statistical Tables	24-30	34-43
Teacher Examinations	23	-



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Health Department,
County Hall,
Ipswich.

To The Chairman and Members
of the Education Committee.

June, 1965.

My Lords, Ladies and Gentlemen,

It is with pleasure that I present this my 13th Annual Report on the operation of the School Health Service in East Suffolk, the 56th edition in the series.

Once again for the greater part of the year, the number of Speech Therapists was reduced to one full time and one part-time appointment, the posts being occupied by the same two therapists who have served this Authority so diligently in the past. We were, however, fortunate to appoint another part-time therapist in the autumn and I hope that this improvement will continue, so that an adequate service can be given to the considerable number of children requiring advice and treatment.

It is pleasing to note, however, the much happier staffing position in the school dental service. In this connection I would like to draw attention especially to the comments made in the report by Mr. Macpherson, the Principal Dental Officer, and his offer to provide to all schools assistance in talks and supply of literature on Dental Health and Hygiene. I hope that Head Teachers in particular will make full use of this service, as despite the seemingly slight improvement in the percentage of children found on inspection at school to be dentally fit, still more than 40% were found to need treatment in some form and this in itself leaves no room for complacency.

The number of periodic medical examinations carried out this year by medical officers is lower than in previous years and the prime reasons for this are twofold. Firstly, the number of medical officers available was reduced and secondly, the remaining officers have been engaged to a greater degree on the examination of pupils known to have a handicap of some kind, whether it be impairment of hearing or vision, or a handicap of a more obvious nature. Nevertheless, it is felt that this work is more rewarding than the examination of a considerably greater number of children, many of whom are in good health.

In this connection, as a result of a pilot survey conducted at schools in the Samford Rural District, it is proposed to introduce as from the autumn term next year, a form of selective examination in place of the present intermediate examination. Allied to this it is intended to visit certain schools at least once each term so that parents and teachers may have a better opportunity of consulting a doctor and obtaining medical advice. In addition, the doctor visiting particular schools will in many cases be the child's own family doctor as several general practitioners have expressed their desire to participate in the school health service.

I am hopeful that this arrangement will forge a closer link between school, parent, general practitioner and teachers, not only to their mutual benefit, but more particularly to the individual child. I am sure that as in the past I can rely on the goodwill and co-operation of the teaching staff and would like to take this opportunity not only of expressing my 'gratitude for their past help, but for the benefit of those new to East Suffolk extend the help of the School Health Service to any school concerned about the health or progress of any child. The accent today is on earlier diagnosis and treatment and some defects are known to this department through the Health Visiting Service even before children commence school but this is not necessarily so in every case, quite apart of course from the fact that certain defects arise during school life. Parents and teachers are probably the most likely persons to notice any deviation from the normal in a particular child and should be regarded as the first line of defence in preventive medicine as without their help the school health service could not function adequately.

I would also draw particular attention to the report by Mr. Green, Peripatetic Teacher for the Deaf, who has now left East Suffolk to participate in a new venture as Headmaster of a residential school for maladjusted children with impaired hearing.

The general physical condition of the majority of pupils examined was found to be satisfactory and only .24% were thought to be unsatisfactory.

In conclusion, I should like to record my appreciation of the assistance and co-operation of the various groups and individuals who have contributed in no small measure to the School Health Service during 1964 and for the help and encouragement given not only to me personally but also to members of my staff. I should especially like to mention the Chairman and members of the Education Committee and School Welfare Sub-Committee, the Chief Education Officer, his staff and members of the teaching profession, Hospital Consultants, General Practitioners and by no means least, the loyalty and enthusiasm of the staff of my own department.

I have the honour to be,

Your obedient servant,

S. T. G. GRAY,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

1. (a) STAFF

Principal School Medical Officer:

* S. T. G. Gray, M. B. , Ch. B. , D. P. H.

Senior Medical Officer:

* Joyce O. M. Board, M. B. , B. S. , D. C. H.

School Medical Officers:

* Margaret E. Bradley, M. R. C. S. , L. R. C. P. , D. A.

* Kathleen M. Harding, M. D. , D. P. H.

* C. H. Imrie, T. D. , Q. H. S. , M. B. , Ch. B. , D. P. H.

* H. E. Nutten, M. B. , Ch. B. , D. P. H.

Margaret A. Riddell, M. B. , B. S. , (part-time) (to 31. 3. 64).

H. J. Royall, M. B. , Ch. B.

* Isabella Sim, M. B. , Ch. B. , D. P. H. (part-time)

* approved for assessment of E. S. N. pupils.

The aggregate of time given to School Health Service work is equivalent to the services of 3. 42 full-time Officers.

Speech Therapists:

Mrs. E. A. Smyth, L. C. S. T.

Mrs. J. M. Lang, L. C. S. T. (part-time)

Mrs. J. Wood, L. C. S. T. (29. 9. 64)

Principal School Dental Officer:

C. D. Macpherson, L. D. S. , R. C. S.

School Dental Officers:

J. E. Benfield, L. D. S.

J. F. Goldsworthy, L. D. S. , R. C. S.

F. W. Walmsley, L. D. S. , R. C. S.

A. L. Whitaker, L. D. S. , (part-time)

The aggregate of time given to School Health Service work is equivalent to 5. 95 full time officers.

County Nursing Officer:

Miss M. Vaughan-Jones, S. R. N. , S. C. M. , H. V. Cert.

Deputy County Nursing Officer:

Miss M. Jarrett, S. R. N. , S. C. M. , H. V. Cert.

Area Nursing Officer:

Miss H. Place, S. R. N. , S. C. M. , H. V. Cert.

School Nurses:

Miss I. Bays

Miss B. C. Broughton

Mrs. S. F. Butler

Miss W. M. Deakin

School Nurses: (Cont.)

Miss P. Dennis
Miss B. L. Frost
Miss S. M. Green
Miss H. M. Jackson
Miss L. Luff
Mrs. L. A. Minion
Miss M. Naylor
Miss A. Rooney
Miss K. Smith
Miss M. Stone
Miss H. D. Williams
Miss S. J. Williams
Miss Wood
Mrs. J. M. Walker (to 30.6.64)
Miss M. Wyatt (to 11.10.64)

The aggregate of time given to School Health Service work is equivalent to the services of 4.1 full-time School Nurses.

Clerk/Attendant Audiometrians:

Mrs. E. I. Lines
Mrs. J. S. Turner (to 27.11.64)

Clerk Attendant:

Mrs. P. M. Masterson

Dental Surgery Assistants:

Mrs. M. E. Barclay
Miss C. M. Barnes (to 18.2.64)
Mrs. E. M. G. Brown
Miss B. Devereux
Mrs. P. Goddard
Mrs. M. H. Mathew
Mrs. F. E. Quick
Miss D. A. E. Rudd
Mrs. H. Warner (to 30.11.64)

1. (b) SCHOOL CLINICS

The following are the permanent clinics in the Education Authority's area:-

County Area:

	<u>Address</u>	<u>Services Provided</u>	
		<u>(a) By Local Authority</u>	<u>(b) By Regional Hospital Board</u>
Beccles	Crowfoot School	Dental Speech Therapy	
Felixstowe	Trinity Methodist Church Hall	Speech Therapy	
Ipswich	The County Hall	Dental (Orthodontic) by appointment only	

County Area: (Cont.)

	<u>Address</u>	<u>Service Provided</u>	
		<u>(a)By Local Authority</u>	<u>(b)By Regional Hospital Board</u>
Leiston	The County Health Clinic, "Daneway", Haylings Road	Dental	
Saxmundham	The County Health Clinic		Chest Clinic Child Psychiatry Ophthalmic
Stowmarket	The County Health Clinic, 8, Violet Hill	Dental Speech Therapy	Chest Clinic Ophthalmic
Woodbridge	Eden Lodge, Cumberland Street	Speech Therapy	

Lowestoft Excepted District:

Clapham Road	Dental Minor ailments Speech Therapy	
Kirkley Clinic,) Southwell Road)	Dental Minor ailments Speech Therapy	
"Penrhyn" Regent Road		Chest Clinic Child Psychiatry Ophthalmic

2. Co-operation with other Public Health Services — Liaison between all concerned with the health of the school child has been satisfactory during the year.

PRIMARY, MODERN AND GRAMMAR SCHOOLS

3. Hygiene and Sanitation in Schools — During the last twelve months a certain amount of improvement work has been possible, and 31 schools have benefited as follows:-

Conversion of E. Cs to W. Cs:

Bacton C. P. School
Benhall V. C. School
Butley V. C. School
Copdock C. P. School
Helmingham C. P. School
Snape C. P. School
Somersham C. P. School
Wetherden V. C. School

Provision of W. Cs at new schools:

Debenham Modern
Gisleham Modern
Leiston, Modern

Provision of new or additional W. Cs:

Beccles Peddars Lane C. P. School
Corton V. C. School
Southwold C. P. School

Provision of hot water supply to washbasins:

Bedfield V. C. School	Knodishall C. P. School
Burgh Castle V. C. School	Leiston Modern School
Butley V. C. School	Lt. Stonham C. P. School
Debenham Modern School	Lound V. C. School
Eye Modern School	Nacton V. C. School
Finningham V. C. School	Tattingstone V. C. School
Gisleham Modern School	Thorndon V. C. School
Gt. Glemham V. C. School	Worlingworth V. C. School
Holton St. Peter C. P. School	

4. Medical Inspection in Schools — The area of the administrative County for school purposes, excluding the Borough of Lowestoft, is 543,812 acres, with a population of 179,684 (1961), 198 schools in the County are under the control of the Education Committee (167 Primary, 23 Modern, 7 Grammar and Ashley Downs E. S. N. Special School, Lowestoft).

East Suffolk
(excluding Lowestoft)

Year	Total Number of Pupils	Number of Pupils at	
		Grammar Schools	Secondary Modern
1960	23,602	2,358	
1961	23,908	2,346	
1962	23,756	2,332	
1963	24,260	2,323	
1964	24,314	2,256	7,248

Inspections — The following examinations were made during the year:-

Periodic Inspections	...	...	5,817
Re-inspections	...	...	4,924
Special Inspections	...	...	53
Total			10,794

5. Findings of Medical Inspection

(a)

Year	Number of Pupils Inspected	PHYSICAL CONDITION			
		Satisfactory		Unsatisfactory	
		Number	Per- centage	Number	Per- centage
1960	8,720	8,650	99.20	70	.80
1961	6,631	6,584	99.29	47	.71
1962	7,856	7,786	99.11	70	.89
1963	7,026	7,017	99.87	9	.13
1964	5,817	5,803	99.76	14	.24

(b) Uncleanliness

Vermin Tables — School Health Visitors Examinations

Y E A R	No. of visits to		Number of Examinations			Number of Children found verminous					
						New Cases, for first time			Individual Repeat Cases		
	Schools	Homes	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1960	89	49	2,853	3,422	6,275	17	27	44	6	14	20
1961	58	52	2,585	2,811	5,396	9	25	34	6	12	18
1962	40	48	2,695	2,671	5,366	6	23	29	5	17	22
1963	36	26	1,735	1,844	3,579	7	17	24	2	3	5
1964	32	39	1,834	1,718	3,552	9	24	33	1	4	5

Uncleanliness examinations were confined to the follow up of the hard core of cases known to be infested from time to time and visits by Health Visitors to schools at the specific request of a head teacher or parent.

(c) Ringworm of the Scalp — no cases of ringworm of the scalp were diagnosed or treated through the School Health Service during 1964.

(d) Visual Defects and External Eye Diseases.

Year			Defective Vision	
			Referred for Treatment	Observation Cases
1960	...	...	278	1,102
1961	...	...	263	459
1962	...	...	208	732
1963	...	...	663	817
1964	...	...	284	658

Year			External Eye Disease	
			Referred for Treatment	Observation Cases
1960	...	...	8	49
1961	...	...	4	31
1962	...	...	-	28
1963	...	...	6	17
1964	...	...	7	14

(e) Nose and Throat Defects

Year			Tonsils and Adenoids	
			Referred for Treatment	Observation Cases
1960	...	...	15	477
1961	...	...	25	239
1962	...	...	17	324
1963	...	...	45	126
1964	...	...	34	91

(f) Impaired hearing — Routine screening tests were carried out in respect of 12,505 children of whom 1,004 failed. Full audiometric hearing tests were undertaken in 1,436 cases. Of these 763 were found to have a hearing loss and arrangements were made for referral to E. N. T. consultants for treatment as necessary and the provision of a hearing aid where appropriate. In the majority of cases however Head Teachers were asked to arrange for the children to be given advantageous positions in class and the Peripatetic Teacher for the Deaf advised.

Training the Young Deaf Child to Listen

I am indebted to Mr. Green, the Peripatetic Teacher for the Deaf for the following report :-

THE USE OF HEARING AIDS IN SCHOOL CLASSROOMS

More and more children are being fitted with individual hearing aids for educational purposes rather than as a medical palliative for reduced hearing of an irreversible nature. This progressive change of emphasis has come about through the greater understanding on the part of the medical consultants at the various hospital departments, of the effects of even relatively slight losses of hearing in children listening and learning in other than perfect listening conditions.

Sound reduces in strength drastically the further one is away from the source. This is particularly true of the human voice, which is a directional sound source. So a child with a slight loss of hearing who may be able to hear his teacher perfectly adequately when within a few feet of him may be at a grave disadvantage when at some little distance from the teacher. The element of lipreading is also important in this connection for the movements of the speaker's mouth are not clearly visible at any great distance. We all seem to hear better when we can see the speaker, this is why we turn to watch the person talking and why we sit facing a lecturer or demonstrator.

The National Health hearing aid known as the Medresco aid, after the Medical Research Council, is the type of aid most usually issued to children initially. This aid amplifies faithfully all sounds below 3,000 cycles per second, that is all except the higher pitched consonants whistles and squeaks. It incorporates two circuits, one amplifying all sounds fairly evenly, the other amplifying the higher notes rather more than the low notes. This aid was originally designed in co-operation with the G. P. O., for use by adults who suffered from (a) a fairly even loss of hearing over the entire range of sounds, or from (b) a greater loss of hearing for the upper frequencies, the two most common forms of deafness. Fortunately most children with partial hearing exhibit losses falling into one or the other of these categories but there are others whose hearing loss can best be matched by more versatile or more powerful commercial hearing aids. I am indebted to Messrs. Amplivox Ltd., who have readily loaned such aids to children for trial periods.

Experiments with the larger type of hearing aid known as auditory training units which need double headphones and separate microphones have produced exciting results. At Southwold the head and class teacher have co-operated wonderfully and despite having to wear a microphone suspended from his neck the class teacher, Mr. Last, has persevered for more than a term now, using one of these larger aids. The difference in the child's awareness and behaviour has in his opinion, been well worth it. The girl who has a second microphone on her desk admits that she rarely heard another pupil answer the teacher before the larger aid was installed and that she had never heard the head teacher talk to her class teacher in the classroom. She now switches the set off when she realises she should not be listening anyway! At Witnesham where an incoming family had a young boy who had been attending a day school for the deaf in Birmingham and who wished the boy to remain at home, sterling efforts on the part of the class teacher using an auditory training unit daily, produced most satisfactory

academic results. The boy's speech though improving was so poor that he has been admitted to the unit for partially hearing children in Ipswich where he can be given the daily speech lessons he needs.

The issue of an aid to a child is no immediate solution to the problem of partial hearing. The child often needs to re-learn many of his listening habits and where the issue of an aid has been long delayed the break-down of these undesirable habits may take considerable time. In phonic work and spelling as well as in speech, the child must think afresh due to the changed sound signals he is now hearing. This period of adjustment to our noisy world takes time and cannot be hurried. The Madresco aid and some commercial aids pick up and amplify all sounds, including those incidental everyday sounds we can often ignore such as the scrape of a chair, the slam of a door, the rattle of cutlery on a formica topped table, etc. Normal ears seem to be selective in their hearing, we are aware of many sounds without consciously hearing them. Most hearing aids pick up and amplify equally every noise within range, thus while providing the much needed amplification of speech sounds, they present the new hearing aid user with an all-over noisy background which he may never have heard before. Overcrowded, reverberant classrooms of glass and hard shiny surfaces provide the worst possible background to good listening for normal as well as for partially hearing children.

Where the loss of hearing is the same or almost so, in both ears, twin receivers powered by one microphone/amplifier have been issued to a number of children with most satisfactory results. In each case the awareness of sound has increased, the level of amplification needed for understanding has been reduced and the social behaviour of all the children concerned has improved. Only one parent resisted the issue of twin receivers to his son. He felt that with both ears blocked up he would never be able to talk to his boy! Several demonstrations at his home were needed to break down this quite illogical resistance.

A number of children whose hearing loss is different in each ear use two separate hearing aids, usually both commercial aids adjusted to the child's own specific disability. Such a system ensures that the residual hearing of both ears can be utilised to the full with consequent social and educational improvement.

Children use the individual wearable aids during most lessons except the more strenuous P.E. periods, though several children wear their aids with great benefit during music and movement lessons, and breakages in schools have been remarkably light. Most children wear their aid beneath one covering of light material with the wire/s from the earpiece/s running beneath the collar of the shirt or blouse to the microphone positioned somewhere in the front of the body, so that most of the apparatus is protected in some degree from accidental contact.

School children are always curious about a child who appears different and to counter and in fact use this curiosity many teachers have used their hearing handicapped pupil as the basis for elementary science and social welfare studies with great benefit to all concerned.

6. Follow Up Visits

During the year School Health Visitors made 415 visits to the homes of children in need of medical and surgical treatment to ensure that the parents consulted the family doctor and carried out any recommendations made.

7. Medical Treatment

(a) Minor Ailments and Diseases of the Skin — Apart from Lowestoft Borough there are no Minor Ailment Clinics in the County, and children suffering from these conditions are referred to their private Medical Practitioner when treatment is required.

(b) Visual Defects and External Eye Diseases:- This work is carried out through the Supplementary Ophthalmic Services provided under the National Health Service Act, 1946, supplemented by the Regional Hospital Board, who have 3 ophthalmic clinics in the County, 2 in the Committee's clinic premises at Saxmundham and Stowmarket and 1 in hospital premises at Felixstowe. Information obtained by follow-up home visits shows that of 71 children whose sight was tested by ophthalmic medical practitioners or ophthalmic opticians, 60 were prescribed glasses. In 11 cases glasses were found to be unnecessary at present.

(c) Nose and Throat Defects

Tonsils and Adenoids:

Since all children who are considered by the School Medical Officers at periodic medical inspections to require treatment for nose and throat defects are now referred to their own doctors, it is not possible to provide any accurate statistics. Information so far obtained by follow-up home visits and from hospital reports shows that 218 children have received operative treatment.

(d) Dental Inspection and Treatment

The Principal School Dental Officer, Mr. C.D. Macpherson, reports as follows :-

A new mobile dental clinic was purchased and, since its delivery in July, has been in use in the area centred on Saxmundham. An x-ray machine and an air-rotor drill have been installed in the Stowmarket Clinic. An air-rotor drill has also been installed in the Leiston Clinic. An internal transfer of clinic facilities was carried out at Causton School, Felixstowe, and I am grateful to the Head Teacher and staff that, through their co-operation and good will, this was accomplished without friction. I am grateful, too, for the co-operation we receive from the Head Teacher and staff of Crowfoot School, Beccles, where a harmonious relationship exists between school and clinic.

During the year not only has progress been made in the arrangements for providing treatment and improving equipment as shown in the

preceding paragraph but also there has been progress in the pattern of treatment too. This became apparent when reviewing the treatment required and accepted. Taking a comparable number of inspections there has been an increase in the number of children found to be dentally fit so that a smaller number were referred for treatment. But, of this smaller number referred a greater number of children accepted treatment. I hope that this ratio will prove to be of significance — that it may portend a more favourable balance in the mitigation of dental disease.

Actual figures may be of interest:-

	Routine Inspections and Specials	Fit on Inspection	Referred for Treatment	Accepted Treatment
1963	18,064	9,301	8,763	4,978
1964	18,212	9,838	8,354	5,120

A Dental Auxiliary has been employed in Lowestoft since September. These auxiliaries are trained to work under the direction of a Dental Officer, who prescribes treatment, subject to the limitations imposed, and inspects the patient on its completion. In addition, they are trained to give talks on dental health education to parents and children and to prepare teaching material.

During the year talks and demonstrations have been given to school-children on dental health, posters have been exhibited and leaflets have been distributed in "follow-up" instruction. I am anxious that all teachers should know that we will be pleased to supply teaching aids on oral hygiene in the form of film-strips, notes, pamphlets, etc. on request. Talks and demonstrations can be arranged with Dental Officers if prior notice is given.

(e) Child Guidance:

The Ipswich Group Hospital Management Committee's Consultant Psychiatrist, Dr. J. G. Howells and the Little Plumstead Hospital Management Committee's Consultant Psychiatrist, Dr. J. V. Morris, have kindly submitted the following statistical summary of the work carried out during the year in respect of children residing in the Committee's area:-

New children for East Suffolk from 0-5	...	28
New children for East Suffolk from 5-15	...	86
Referred by G. P's	...	71
Referred by S. M. O's	...	13
Clinic interviews for the year	...	1,039
School visits	...	32

Home visits	...	...	...	268
No. of children attending on 1st January, 1964	...			109
No. of children attending on 31st December, 1964				120
Total No. of school children who received treatment during the year, whether commenced in 1964 or previously			...	195

(f) Speech Therapy:

The number of speech therapists was still below establishment but an additional part time therapist was appointed in September to fill the full time vacancy created in June, 1963.

Mrs. E.A. Smyth continued with her clinics in the South and reports as follows :-

"The system of regular fortnightly School Clinics, which I introduced last year, has worked successfully. A greater number of children have benefited from Speech Therapy, and again I am indebted to the co-operation of the teachers who have carried out articulation practice, and exercises, prescribed by me between visits. I carried out Clinics at 28 schools during the year, two schools being visited weekly, the remaining number fortnightly.

Baylham, Brantham Cattawade, Onehouse, and Stowupland Schools have been included in my system of fortnightly visits, and so are now off my waiting list.

The regular Centralized Clinics at Felixstowe and Stowmarket take place weekly as before.

127 children have received regular treatment from me classified as follows :-

- 1 Nasaltiy
- 11 Stammer
- 17 Sigmatism
- 5 Hearing Loss
- 2 Pre-school retarded speech development
- 3 Emotionally maladjusted
- 1 Facial paralysis
- 87 Dyslalia

Of this number I have been able to discharge 63 cured".

Mrs. J. M. Lang who is employed in a part-time capacity and works in the north of the county reports as follows :-

"This has been a year of steady consolidation of the work done in previous years; with again some cures thanks to the co-operation of the teachers.

This year has given the answer to one puzzling case which was difficult to assess. With the very limited amount of speech attainable it was difficult to decide the amount of intelligence. There was poor movement in lips, tongue and palate and gradually as it was possible to test the intelligence more fully, it was found to be a case of supra-bulbar paresis with a child of good average intelligence. He had made as much use as possible of the very inadequate physical organs at his disposal. We hope now that some treatment may be possible.

Another point I should like to make, is that if parents could be encouraged to stop their children using 'baby talk' and always told even the youngest child the correct name of an object i.e. horse for gee-gee etc., the work of speech Therapists would be almost halved, the load on the infant teacher greatly reduced. The parent would never dream of breaking the leg of a child and then sending it limping to school. Yet in effect that is what they do to their child's speech. The child starts its school life handicapped and laughed at and it is not given a fair start or a fair chance.

The number of cases treated is as follows :-

A total of 270 children on the books. I personally treated 27 children over a fortnight. Two are under school age and are helped by the parent under my supervision, 241 are helped by teachers in class under my supervision and the great majority of cases are dyslalias, which are really only the substitution of one sound for another. These cases respond much better and more rapidly to class work.

Stammers	8	Cases discharged 12
Cleft Palate	2	7 cured or reasonably so
Dysphasia	2	5 for other reasons
Supra-bulbar paresis	1	
Dyslexia	1	
Dyslalia	256	

The majority of my 70 or so schools have been re-visited during the year. My Beccles Clinic has been kept going fortnightly and clinics at Bacton and Stradbroke Schools functioning similarly.

Mrs. J. Wood appointed as part time therapist in place of Mrs. Easedown and working in the Deben R. D. C. area reports as follows:-

Dyslalia	24
Stammer	7
Sigmatism	9
Retarded Speech	
Development	1
Dysarthria	1
Dysphasia	1
Partial Deafness	3
Cleft Palate	2

At present 48 children are receiving Speech Treatment with 7 on the Waiting List.

All 7 Stammerers are boys. Since the beginning of October 18 Schools have been visited, 56 children and 30 parents interviewed. A fortnightly Clinic is held at Woodbridge and a weekly visit made to 4 Schools where a Clinic is held. 6 other Schools are visited fortnightly.

The Co-operation and help from the teaching staff in the Schools I have visited, has helped considerably in re-starting the Speech Therapy Service in this Area after an interval of 18 months.

(g) Immunisation and Vaccination:

During the year 1,549 pupils received reinforcing doses, against diphtheria.

Through arrangements made by the Education Committee with the Ipswich Group Hospital Management Committee's Consultant Chest Physician, 1,543 school pupils were given B.C.G. vaccination against tuberculosis.

The arrangements for school children to be vaccinated against poliomyelitis continued during the year.

8. Infectious and Contagious Diseases

The table below shows the number of children known to have been excluded from school, either suffering from, or being contacts of the infectious and contagious diseases named.

				<u>No. of cases</u>
Mumps ...	...	...	...	1,279
Chicken Pox	...	...	...	666
Measles ...	...	...	...	641
Scarlet Fever	...	...	...	86
Tonsillitis	...	...	...	62
German Measles	...	...	...	39
Whooping Cough	...	...	...	39
Impetigo ...	...	...	...	34
Eye Infections	...	...	...	6
Influenza ...	...	...	...	3
Ringworm	...	...	...	3
Dysentery	...	...	...	2
Glandular Fever	...	...	...	2
Other conditions	...	...	...	14
				<hr/>
				2,876
				<hr/>

School Closures — There was no need to close any school on account of infectious disease during the year.

9. Physical Training and Remedial Exercises

The Committee's Chief Organiser of Physical Education, Mr. H. Stott, reports as follows :-

Chief Organiser: Mr. H. Stott County 4/5 Ipswich 1/5

Assistant Organisers: Miss A. R. Lewis
Miss R. B. Ayles County 7/10 Ipswich 3/10
Mr. F. W. Newborn County 4/5 Ipswich 1/5

The demands made on the Organisers in all aspects of their work continued to increase during the year and aggravated the problems of carrying out an efficient service to deal with children reported to be in need of remedial exercises. Dealing effectively with the cases reported to be in need of attention can be very demanding of time and when time is at a premium the results of effort are so frequently found to fall short of requirements. Every assistance is given by the P. S. M. O. and his staff but lack of available time from the P. E. staff remains a great stumbling block.

Below are the statistics of the year :-

	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
<u>Total number of children concerned</u>	36	76	104	54

Summary of conditions:

Foot conditions	21	38	25	31
Spine and shoulder girdle	13	35	75	22
Miscellaneous	2	3	4	-
Foot and spine	-	-	-	1

Distribution:

Grammar	-	1	39	1
Modern	11	14	27	22
Primary	26	61	38	31

Boys

Under 12 Over 12

1961	10	2
1962	33	5
1963	25	12
1964	19	14

Girls

Under 12 Over 12

1961	22	2
1962	29	9
1963	18	49
1964	11	10

GENERAL: The advances made in physical education continued. The scope in 1964 was again widened and the methods of approach to this ever widening scheme of physical activity made demands in excess of the possibilities of a hard worked team of organisers. This report, brief

as it is, cannot pass without comment that every endeavour was made to maintain satisfactory service but few claims can be made on progress which should be more in evidence.

Facilities continued to improve and overall there was an increase both in the number and the quality of specialist teachers. These teachers undertake a wide variety of activities involving much out of school work and are to be congratulated on the good work done.

Swimming facilities again increased and this aspect of the work is worthy of particular mention. The number of children in school attendance who are unable to swim was again considerably reduced. The teaching pools acquired by the primary schools and provided for the secondary schools made possible a much wider scheme of swimming instruction than has ever been possible before. The results were most encouraging.

The County Schools Associations again increased during the year and most major games and sports were well catered for by the activities of these Associations. This voluntary work provided an excellent service to the schools during the year.

10. Schools Meals

The Chief Education Officer has kindly supplied the following information relating to the work of the School Meals Service during the year :-

According to the return made to the Department of Education and Science there were on a normal day in September 1964 17,046 children, i.e. 76% of the pupils in attendance taking a school meal compared with 16,337 — 72% of pupils present on a similar day in September 1963.

During the year new kitchens have been provided at the following schools :-

Debenham Modern School — A new kitchen was provided in the new school

Gisleham Modern School — A new kitchen was provided in the new school

(This school also sends meals to Mutford and Sotterley Schools where meals were previously provided from a kitchen in Lowestoft)

Leiston Modern School — A new kitchen was provided in the new school

Blundeston V.C.P School — The former domestic science room has been converted into a new kitchen and dining room.

Charsfield V. C. P. School — The kitchen at this school which has been closed for a number of years was reopened.

A number of schools in the county which for some years past have been served from kitchens in Lowestoft are now being served from the following schools :-

Carlton Colville C. P. School now serves Barnby C. P.
and Worlingham V. C. P.

Kessingland Upper School now serves Frostenden V. C. P.
and Wrentham C. P.

Following the fire at Stutton V. C. P. School the children were temporarily transferred to premises in Holbrook Modern and Holbrook C. P. Schools -- meals for these children being at present supplied from the Holbrook Modern School and served in the Holbrook Primary School. It is hoped to include a new kitchen in the rebuilding of Stutton V. C. P. School.

Progress continues to be made with improvements to ventilation, flooring and general amenities in a number of kitchens and sculleries.

Arrangements for providing eating apples for consumption after the school meal have continued during 1964 and now only a few schools are not receiving eating apples for at least part of the year.

Help continues to be given with the provision of Meals on Wheels and as a temporary measure meals are being supplied from the kitchens of Leiston C. P. and Felixstowe Causton Schools.

During 1964 the first Peripatetic Training Supervisor was appointed to assist the School Meals Organisers in the training of new staff and of those already in the service.

11. Provision of Milk for School Children

This report deals with the supply of milk to school children under the Milk in Schools Scheme whereby each child receives a free allowance of $\frac{1}{3}$ pint daily. In the County (excluding the Borough of Lowestoft) milk is supplied to 198 maintained and 30 non-maintained schools.

1. Popularity of the Scheme

Maintained Schools — of the 22,484 children in attendance in September, 17,048 that is 75.8% were receiving milk.

Non-maintained Schools — of the 3,702 children in attendance in September, 3,384 that is 91.4% were receiving milk.

2. Delivery

With one exception all schools received milk in $\frac{1}{3}$ pint bottles, In the other case the milk is received in bulk from the adjoining farm owned by the Governing Body of the School.

The pasteurised milk was delivered by 39 dairymen, received by them pasteurised and bottled from 15 licensed sources. In 1 case the school receives a supply of raw milk direct from the Producer.

3. Quality of Milk

All sources of school milk must be approved by the County Medical Officer of Health, and wherever possible supplies must be Pasteurised. At the end of 1964, 1 school, Southwold St. Felix, was receiving an untreated supply; the remainder received Pasteurised milk.

4. Supervision of Supplies

5 of the 15 sources of pasteurised milk are situated within the County; in these cases supervision was maintained by inspection of the dairies, plant, bottles, etc. In all other cases a close liaison is maintained with officers of the appropriate Food and Drugs Authorities for this purpose.

Samples of milk were taken and examined for the following purposes:

(i) Biological

The raw milk supply was sampled regularly and submitted for biological examination. The herd concerned was sampled on 3 occasions, involving 21 samples, all of which proved satisfactory.

(ii) Keeping Quality and Efficiency of Pasteurisation

39 samples were taken for this purpose. All satisfied the Phosphatase Test for efficient pasteurisation and the Methylene Blue Test for keeping quality.

(iii) Chemical Quality

30 samples were examined for this purpose. All results were satisfactory.

12. Co-operation with Voluntary Bodies

National Society for the Prevention of Cruelty to Children.

As in past years, the Officers of the Society have been readily available to give help and advice in any case brought to their notice.

13. Handicapped Pupils — The Handicapped Pupils and Special Schools Regulations, 1959, detail ten categories of defects which require special educational treatment, and the following statistics indicate the progress that has been made in ascertaining and dealing with children who come within the scope of the Regulations. More detailed statistical information will be found in the Tables at the end of this Report.

Educationally Subnormal — The following table shows the number of educationally subnormal children at present ascertained in the County, 70 of whom are in residential Special Schools.

EDUCATIONALLY SUBNORMAL PUPILS					
No. on Register at end of year Recommended —		No. of children ascertained during year			
		Requiring treatment in a Special School		Requiring special class at ordinary School	TOTAL
		Res.	Day		
114	50	15	2	13	30

Unsuitable for education in the ordinary school

During the year 7 children were found to be unsuitable for education in the ordinary schools and notified to the Local Health Authority in accordance with Section 57(4) of the Education Act, 1944, as amended.

Other Defects —	Total ascertained	At Special School
Blind Pupils	2	2
Partially Sighted Pupils	8	6
Deaf Pupils	12	12
Partially Hearing Pupils	6	3
Delicate Pupils	9	3
Epileptic Pupils	2	2
Maladjusted Pupils	28	13
Physically Handicapped Pupils	21	12
Pupils suffering from Speech Defects	1	-

Multiple Defects:-

Educationally Subnormal and Physically Handicapped	1	-
Physically Handicapped and Speech Defect	1	1
Educationally Subnormal and Maladjusted	6	5
Epileptic and Educationally Subnormal	1	1
Maladjusted and Educationally Subnormal	1	1
Educationally Subnormal and Partially Sighted	1	1
Physically Handicapped and Educationally Subnormal	3	1
Partially Hearing, Educationally Subnormal and Physically Handicapped	1	-
Educationally Subnormal and Epileptic	1	-
Delicate and Maladjusted	1	1

14. Miss J. Andrews, Senior Educational Psychologist has kindly supplied the following information about the remedial teaching service:-

<u>Peripatetic Teacher</u>	<u>No. of schools visited weekly</u>	<u>No. of children seen weekly</u>
Mr. Child	15	135
Mr. Crisp	20	82
Mr. Hartfield	15	119
Miss Thairs	20	74

The figures for Mr. Childs include those of children seen in Lowestoft.

15. Full Time Courses of Technical Training for Handicapped Children

There was one physically handicapped student in full time training during the year ended 31st December, 1964; this student was admitted to the Hethersett Centre for the blind in April of last year. Another student, was awaiting admission for training at the end of the year, to the Harborne Centre for the blind, Birmingham.

16. Nursery Schools

There are at present no Nursery Schools in the County.

17. Employment of Children

Under the County Council's bye-laws regulating the employment of children, 370 pupils were medically examined and found fit to be employed in various specified occupations.

18. Medical examinations of Boarded Out Children — 233.

19. Student Teacher and Teacher medical examinations — 108.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

PERIODIC MEDICAL INSPECTIONS

Age Groups (By years born)	No. of Pupils	Physical Condition of Pupils			PUPILS FOUND TO REQUIRE TREATMENT (excluding Dental Diseases and Infestation with Vermin)			
		Satisfactory		Unsatisfactory		defective vision (excluding squint)	other conditions	Total individual pupils
		No.	%	No.	%			
1960 - and later	-	-		-		-	-	-
1959 ...	925	923	99.78	2	.22	27	79	87
1958 ...	1,115	1,112	99.73	3	.27	46	105	115
1957 ...	195	191	97.9	4	2.1	6	11	14
1956 ...	35	35	100	-	-	2	2	2
1955 ...	3	3	100	-	-	-	-	-
1954 ...	1,437	1,434	99.72	3	.28	167	86	222
1953 ...	207	206	99.52	1	.48	21	12	32
1952 ...	90	90	100	-	-	11	2	7
1951 ...	10	10	100	-	-	2	2	3
1950 ...	1,561	1,561	100	-	-	224	84	280
1949 - and earlier	239	238	99.58	1	.42	61	4	61
TOTAL ...	5,817	5,803	99.76	14	.24	567	387	823

OTHER MEDICAL INSPECTIONS

A special inspection is one carried out at the special request of a parent, doctor, nurse, teacher or other person. A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	53
Number of re-inspections	<u>4,924</u>
Total	<u>4,977</u>

INFESTATION WITH VERMIN

- | | | | |
|-----|---|--------|-------|
| (a) | Total number of individual examinations of pupils in schools | ... | 3,552 |
| (b) | Total number of individual pupils found to be infested | ... .. | 33 |
| (c) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) | | -- |
| (d) | Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) | | — |

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

NOTE -- All defects noted are included, whether or not under treatment or observation at the time of the inspection. The tables include separately the number of pupils found to require treatment (T) and observation (O).

PERIODIC AND SPECIAL INSPECTIONS

Defect or Disease		PERIODIC				Special
		Entrants	Leavers	Others	Total	
Skin ...	T	11	13	10	34	1
	O	21	12	13	46	-
Eyes --	T	73	285	209	567	9
	O	375	93	146	614	5
(a) Vision ...	T	19	2	2	23	-
	O	25	4	10	39	-
(b) Squint ...	T	9	2	1	12	1
	O	3	4	7	14	-
(c) Other ...	T	8	5	5	18	1
	O	29	24	52	105	2
Ears --	T	3	4	1	8	-
	O	33	6	8	47	-
(b) Otitis Media	T	3	1	-	4	1
	O	14	6	2	22	-
(c) Other ...	T	23	5	12	40	-
	O	57	9	25	91	1
Nose and Throat	T	32	1	6	39	-
	O	42	5	11	58	1
Speech ...	T	1	-	-	1	2
	O	13	2	9	24	-
Lymphatic Glands	T	9	6	6	21	-
	O	20	13	17	50	-
Heart ...	T	19	5	4	28	-
	O	59	21	22	102	1
Lungs ...	T	6	2	-	8	-
	O	6	-	6	12	-
Developmental --	T	5	4	9	18	-
	O	12	5	35	52	1
(a) Hernia ...	T	2	13	6	21	-
	O	8	21	14	43	-
(b) Other ...	T	11	8	18	37	3
	O	35	7	24	66	-
(c) Feet ...	T	6	7	7	20	-
	O	22	2	11	35	2
(c) Other ...	T	4	3	4	11	-
	O	3	1	2	6	-
Nervous System --	T	-	1	1	2	-
	O	6	1	5	12	-
(a) Epilepsy ...	T	1	-	4	5	1
	O	34	5	28	67	1
(b) Development	T	4	-	4	8	-
	O	23	2	12	37	2
(b) Stability ...	T	4	-	4	8	-
	O	23	2	12	37	2

Defect or Disease		PERIODIC				Special
		Entrants	Leavers	Others	Total	
Abdomen ...	T	2	-	1	3	2
	O	2	1	5	8	-
Other ...	T	6	6	10	22	1
	O	23	22	44	89	4

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ...	-
Errors of refraction (including squint)	71
Total ...	71
Number of pupils for whom spectacles were prescribed ...	60

DISEASES AND DEFECTS OF EAR, NOSE & THROAT

	Number of cases known to have been dealt with
Received operative treatment —	
(a) for diseases of the ear ...	1
(b) for adenoids and chronic tonsillitis ...	218
(c) for other nose and throat conditions ...	-
Received other forms of treatment	-
Total ...	219
Total Number of pupils in schools who are known to have been provided with hearing aids —	
(a) in 1964 ...	7
(b) in previous years ...	25

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients' departments ...	-
(b) Pupils treated at school for postural defects ...	56
Total ...	56

DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm — (i) Scalp ...	-
(ii) Body ...	3
Scabies ...	-
Impetigo ...	34
Other skin diseases ...	-
Total ...	37

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	195

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	240

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	-
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	-
(c) Pupils who received B.C.G. vaccination ...	1,543
(d) Other than (a), (b) and (c) above Please specify:	
Undescended Testicles ...	5
Inguinal hernia ...	1
Heart condition ...	1
	1,550

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

				<u>No. of Pupils</u>	<u>Totals</u>
Pupils Inspected:	At Periodic Inspections			17,548	
	As Specials	...	...	691	18,239
Requiring treatment	...	...	...	8,401	
Offered treatment	...	...	...	8,401	
Actually treated	...	...	...	5,162	
Attendances made for treatment, excluding orthodontics	...	...		8,870	
				<u>Number</u>	
Half days devoted to Periodic (School) Inspection				207	
	Treatment			1,768	1,975
Fillings:	Permanent Teeth	...	...	5,743	
	Temporary Teeth	...	...	1,700	7,443
Teeth filled:	Permanent Teeth	...	...	5,124	
	Temporary Teeth	...	...	1,621	6,745
Extractions:	Permanent Teeth	...	...	645	
	Temporary Teeth	...	...	3,014	3,659
Administration of general anaesthetics for extraction	...	...	...	4	
Half days devoted to general anaesthetics by:					
1.	Dentists	...	...		-
2.	Medical Practitioners	...	...		3
Pupils supplied with artificial teeth	...	...	...		33
Other operations	...	...	...		2,857
Orthodontics:					
(a)	Attendance for treatment	...	...		788
(b)	Half days devoted to treatment	...	...		70
(c)	Cases commenced in the year	...	...		42
(d)	Cases brought forward from previous year	...	...		64
(e)	Cases completed in the year	...	...		33
(f)	Cases discontinued in the year	...	...		1
(g)	Pupils treated with appliances	...	...		137
(h)	Removable appliances fitted	...	...		73
(i)	Fixed appliances fitted	...	...		-

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT 1944 OR BOARDING IN BOARDING HOMES

During the calendar year ended 31st December, 1964 :-		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A	Handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes	-	-	-	-	2	1	4	10	-	-	17
		-	-	-	2	-	-	2	5	-	-	9
B	(i) included at A	-	-	-	-	1	1	2	2	-	-	6
		-	-	-	1	-	-	1	2	-	-	4
	(ii) assessed prior to January, 1964	-	-	-	-	-	1	3	7	-	-	11
		-	-	-	-	-	-	-	4	-	-	4
	(iii) TOTAL newly placed -	-	-	-	-	1	2	5	9	-	-	17
		-	-	-	1	-	-	1	6	-	-	8
On 21st January, 1965, children :-												
C	(i) requiring places in special schools other than hospital special schools	-	1	-	-	-	-	-	1	-	-	2
		-	-	-	-	-	-	-	2	-	-	2
	(b) boarding	-	1	-	-	2	1	6	32	-	1	43
		-	1	-	1	2	-	4	9	-	-	17
	(a) day places	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-
	(b) boarding places	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	-	-	-	-
	(a) day places	-	-	-	-	-	-	-	-	-	-	-
		-	-	-	-	-	-	-	2	-	-	2
	(b) boarding places	-	-	-	-	2	1	1	15	-	1	20
		-	-	-	1	2	-	3	4	-	-	10
	(a) day places	-	-	-	-	-	-	-	1	-	-	1
		-	-	-	-	-	-	-	2	-	-	2
	(b) boarding places	-	1	-	-	2	1	2	24	-	1	31
		-	1	-	-	2	-	3	7	-	-	13

On 21st January, 1965, children :-

D	(i) on the registers of :-	(1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school)	day	boys	-	-	-	-	-	1	1	-	5	-	-	7		
				girls	-	-	-	-	-	1	-	-	1	-	-	2		
			boarding	boys	-	3	7	-	2	-	3	2	-	25	-	-	40	
			girls	-	3	4	2	-	-	-	1	-	25	-	-	35		
		(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school)	day	boys	-	-	-	-	-	-	-	-	-	-	-	-	-	
				girls	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			boarding	boys	1	-	1	-	-	-	4	-	6	11	-	1	-	25
			girls	1	1	-	-	-	-	4	-	1	7	2	-	-	16	
		(3) Independent schools under arrangements made by the authority	boys	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			girls	-	-	-	-	-	-	-	-	-	2	-	-	-	-	2
	(ii) were boarded in homes and not already included in D (i) above	boys	-	-	-	-	-	-	-	-	4	-	-	-	-	4		
		girls	-	-	-	-	-	-	-	-	1	-	-	-	-	1		
	Total 'D'	boys	1	3	8	1	8	3	10	41	1	-	-	-	-	76		
		girls	1	4	4	2	5	1	4	33	2	-	-	-	-	56		
	Number of children awaiting places or who are receiving special education in special schools or who are boarded in homes -	boys	1	5	8	1	10	4	16	74	1	1	121					
		girls	1	5	4	3	7	1	8	44	2	-	75					
	On 21st January, 1965 :-																	
E	Handicapped pupils educated under arrangements made by the authority in accordance with Section 56 of the Education Act 1944	(i) in hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
		(ii) in other groups (e.g. units for spastics, convalescent homes etc.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		(iii) at home	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	

BOROUGH OF LOWESTOFT

(EXCEPTED DISTRICT)

The following report on the work of the School Health Service has been prepared by Dr. A.C. Gee, School Medical Officer in Lowestoft.

Table A, Part 1, shows a decline in cases found unsatisfactory, the percentage of total number examined falling from 3.1% in 1963 to 1.5%. This is most gratifying as the same rigid interpretation of what constitutes an unsatisfactory case has been applied. A further column has been included in Table A in order to portray more clearly the number of children at age 11 years whose cases were reviewed but in most instances no physical examination was carried out. The result of this rather specific manner of selection gave the expected high figure of approximately 30% of children examined being found to require some form of treatment.

In Table C, the number of children found to be infested with head lice remains constant and, unfortunately, relatively high at 20.

Routine two-yearly check on vision is proving well worth while, defects being found in many cases where no symptoms are present.

Attendance at the Child Guidance Clinic has ceased to increase for the first time for several years. This is due to an increase in the number of children where a cure has been effected, and not to a decrease in the number of children being referred.

The incidence of skin conditions has decreased from the preceeding year, and in particular it is of note that no case of impetigo was found at routine examination.

Co-operation from specialist departments was good throughout the year and with the Ear, Nose and Throat department in particular, where the number of children receiving tonsillectomy increased by 50% to the relatively high number of 216.

The statistics for handicapped pupils follow a similar pattern to the two previous years. There has been a further increase in the number of E.S.N. children waiting for placing in a special school. Six children in this group are over age 11 years, an ever constant reminder of the pressing need for more special school places.

There has been an alteration in staff, Mrs. Sampson, School Nurse, leaving in July and Mrs. Morris taking her place in October.

My grateful thanks are given to the Chairman and members of the School Welfare Sub-Committee for their interest. Thanks are also due to the Officials in the Education Department, to Headteachers in the various schools, and to all the members of my staff, whose help has made the service run efficiently and smoothly throughout the year.

1. STAFF

Borough School Medical Officer:

A.C.Gee, M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer:

A.S. Lindsay, M.B., Ch.B., D.P.H.

School Medical Officers:

None.

The aggregate of time given to School Health Service work is equivalent to the services of 0.76 of a full-time Officer.

Speech Therapist:

Miss J. Bassett, L.C.S.T.

Principal School Dental Officer:

C.D. Macpherson, L.D.S., R.C.S.

School Dental Officers:

Mrs. H. A. Bell, L.D.S., R.C.S.

D. L. Rivett, L.D.S., R.C.S.

The aggregate of time given to School Health Service work is equivalent to 1.75 full-time dentists.

County Nursing Officer

Miss M. Vaughan-Jones, S.R.N., S.C.M., H.V. Cert.

Area Nursing Officer:

Miss H. Place, S.R.N., S.C.M., H.V. Cert.

School Nurses:

Mrs. J. Baker

Mrs. M. E. Mills (to 31.9.64)

Miss E. A. M. Pretty

Miss A. Taylor

Mrs. J. Walker (to 30.6.64)

The aggregate of time given to School Health Service work is equivalent to the services of .70 full time School Nurses.

Dental Attendants:

Miss D. Rudd

Mrs. M. Mathew

Clinic Nurses:

Mrs. P. K. M. Rose

Mrs. G. M. Sampson

DEPARTMENT OF EDUCATION AND SCIENCE
MEDICAL INSPECTION AND TREATMENT
RETURN FOR THE YEAR ENDED 31st DECEMBER 1964

LOCAL EDUCATION AUTHORITY
EAST SUFFOLK (LOWESTOFT EXCEPTED DISTRICT)

Number of Pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January 1965 ... 7,092

PART I — MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	No. pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS		No. pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Sat-isfact-ory	Un-Sat-isfact-ory		Defect-ive vision	other condition recorded at part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1960 and later	-	-	-	-	-	-	-
1959	277	275	2	-	13	56	55
1958	248	243	5	-	10	47	47
1957	35	34	1	-	-	8	7
1956	9	8	1	-	-	3	3
1955	13	13	-	-	-	7	5
1954	4	4	-	1	2	2	3
1953	69	66	3	320	7	17	22
1952	39	37	2	139	6	7	12
1951	16	14	2	2	-	3	3
1950	57	57	-	-	3	5	8
1949 and earlier	450	449	1	-	59	56	107
TOTAL	1,217	1,200	17	462	100	211	272

Col. (3) total as a percentage of Col. (2)
total 98.5%

Col. (4) total as a percentage of Col. (2)
total 1.5%

TABLE B — OTHER INSPECTIONS

Number of special inspections	...	229
Number of re-inspections	...	<u>1,093</u>
TOTAL	...	<u>1,322</u>

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

TABLE C — INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	1,173
(b)	Total number of individual pupils found to be infested		20
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944)	...	NIL
(d)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3), Education Act 1944)	...	NIL

TABLE D — SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested? - Yes.
 (b) If so, how soon after entry is this done? - Within first six months - at first medical inspection.
2. How frequently is vision testing repeated throughout a child's school life? - Every two years.
3. Is colour vision testing carried out? - No.
4. By whom is vision testing carried out? - School Nurses.
5. Is audiometric testing of entrants carried out? - No.

DEPARTMENT OF EDUCATION AND SCIENCE
MEDICAL INSPECTION AND TREATMENT
RETURN FOR THE YEAR ENDED 31st DECEMBER 1964

LOCAL EDUCATION AUTHORITY — EAST SUFFOLK
(LOWESTOFT EXCEPTED DISTRICT)

PART II — DEFECTS FOUND BY PERIODIC AND SPECIAL
MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				Special Inspect- ions
		Entrants	Leavers	Others	Total	
4	Skin T O	5	19	20	44	112
		5	2	9	16	-
5	Eyes - T (a) Vision ... O	15	57	21	93	20
		8	6	10	24	2
	(b) Squint ... T O	4	-	3	7	-
		1	-	2	3	-
	(c) Other ... T O	-	-	2	2	10
		1	-	2	3	-
6	Ears - T (a) Hearing ... O	2	2	6	10	3
		5	-	8	13	2
	(b) Otitis Media T O	3	3	5	11	1
		2	-	3	5	1
	(c) Other ... T O	5	2	6	13	3
		1	-	2	3	1
7	Nose and Throat T O	7	5	12	24	2
		2	1	16	19	2
8	Speech T O	6	1	7	14	3
		3	1	7	11	-
9	Lymphatic Glands T O	-	1	-	1	-
		1	-	-	1	-
10	Heart T O	-	1	1	2	2
		1	-	3	4	-
11	Lungs T O	2	4	12	18	2
		4	3	6	13	-
12	Development T (a) Hernia ... O	1	-	2	3	-
		-	-	2	2	-
	(b) Other ... T O	1	3	2	6	-
		3	-	2	5	-
13	Orthopaedic T (a) Posture ... O	2	-	3	5	1
		-	-	3	3	-
	(b) Feet ... T O	2	1	10	13	-
		4	-	6	10	-
	(c) Other ... T O	3	9	7	19	-
		3	-	8	11	2

Periodic Inspection (cont'd)

Defects Code No. (1)	Defects or Disease (2)	PERIODIC INSPECTIONS				Special Inspect- ions
		Entrants	Leavers	Others	Total	
14	Nervous System T	-	-	2	2	3
	(a) Epilepsy O	-	-	-	-	-
	(b) Other ... T	-	-	-	-	1
		-	-	-	-	-
15	Psychological T	1	-	2	3	30
	(a) Development O	2	-	10	12	1
	(b) Stability T	-	-	2	2	15
		2	1	16	19	1
16	Abdomen T	-	-	-	-	5
	O	-	-	-	-	-
17	Other T	1	-	-	1	9
	O	-	-	1	1	1

PART III — TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING
NURSERY AND SPECIAL SCHOOLS)

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of children known to have been dealt with
External and other, excluding errors of refraction and squint	20
Errors of refraction (including squint)	317
Total . . .	337
Number of pupils for whom spectacles were prescribed	253

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment —	
(a) for diseases of the ear ...	2
(b) for adenoids and chronic tonsilitis	216
(c) for other nose and throat conditions	46
Received other forms of treatment	-
Total ...	264
Total number of pupils in schools who are known to have been provided with hearing aids —	
(a) in 1964 	-
(b) in previous years ...	3

TABLE C — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of children known to have been dealt with
(a) Pupils treated at clinics or out-patients departments ...	28
(b) Pupils treated at school for postural defects 	-
Total ...	28

TABLE D — DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part 1)

	Number of cases known to have been dealt with
Ringworm — (a) Scalp ...	-
(b) Body ...	-
Scabies 	-
Impetigo 	-
Other skin diseases 	146
Total ...	146

TABLE E — CHILD GUIDANCE TREATMENT

	Number of cases known to have been dealt with
Pupils treated at Child Guidance Clinics	107

TABLE F — SPEECH THERAPY

	Number of cases known to have been dealt with
Pupils treated by speech therapists	79

TABLE G — OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ...	71
(b) Pupils who received convalescent treatment under School Health Service arrangements ...	-
(c) Pupils who received B.C.G. Vaccination ...	390
Total ...	461

DENTAL INSPECTION AND TREATMENT

(a)	Dental and Orthodontic work	
1.	Number of pupils inspected by the Authority's Dental Officer :-	
	(a) At periodic inspections ... 3,121)	Total (I) 3,536
	(b) As specials ... 415)	
II.	Number of children found to require treatment	1,944
III.	Number of children offered treatment	1,944
IV.	Number of children actually treated	2,061

(b) Dental work (other than Orthodontics)

I.	Number of attendances made by pupils for treatment, excluding those recorded at C(1) below	6,140
II.	Half days devoted to:	
	(a) Periodic (School) Inspection ... 62)	Total (II) 969
	(b) Treatment ... 907)	
III.	Fillings:	
	(a) Permanent Teeth ... 1,932)	Total (III) 4,437
	(b) Temporary Teeth ... 2,505)	
IV.	Number of Teeth filled:	
	(a) Permanent Teeth ... 1,736)	Total (IV) 4,013
	(b) Temporary Teeth ... 2,277)	
V.	Extractions:	
	(a) Permanent Teeth ... 257)	Total (V) 999
	(b) Temporary Teeth ... 742)	
VI.	(a) Number of general anaesthetics given for extraction ...	485
	(b) Number of half days devoted to administration of general anaesthetics by:	
	Dentist ... -)	Total (VI) 53
	Medical Practitioner ... 53)	
VII.	Number of pupils supplied with artificial teeth	-
VIII.	Other operations: Crowns ... 5)	Total (VIII) 1,860
	Inlays ... -)	
	Other treatment 1,855)	

(c) Orthodontics

I.	Number of attendances made by pupils for treatment	176
II.	Half days devoted to orthodontic treatment ...	10
III.	Cases commenced during the year ...	13
IV.	Cases brought forward from previous year ...	18
V.	Cases completed during the year ...	11
VI.	Cases discontinued during the year ...	-
VII.	Number of pupils treated by means of appliances	32
VIII.	Number of removable appliances fitted ...	19
IX.	Number of fixed appliances fitted ...	-
X.	Cases referred to and treated by Hospital Orthodontics	3

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS
APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT 1944 OR
BOARDING IN BOARDING HOMES

[illegible]

Handicapped pupils requiring education at special schools approved under Section 9(5) of the Education Act 1944 or boarding in boarding Homes.

[illegible]

Children found unsuitable for Education at School
(Continued)

- (ii) how many reviews were carried out under the provisions of
Section 57A of the Education Act, 1944? ... Nil
- (iii) how many decisions were cancelled under Section 57A(2) of
the Education Act, 1944? ... Nil

* KEY

- | | | |
|---------------------------|-------------------|------------|
| 1. Blind | 6. Delicate | |
| 2. Partially Sighted | 7. Maladjusted | |
| 3. Deaf | 8. E.S.N. | 11. Total |
| 4. Partial Hearing | 9. Epileptic | Cols.1-10. |
| 5. Physically Handicapped | 10. Speech Defect | |

